grandfather, Leonard Allmon; and grandparents, Billy and Joann Phillips.

Mr. Speaker, my prayers go out to his family and my deepest gratitude goes out to Sergeant Allmon for his selfless sacrifice for this Nation, and I ask all Members, and I know they will, join me in honoring the distinguished memory of Sergeant William Allmon.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. GARRETT) is recognized for 5 minutes.

(Mr. GARRETT of New Jersey addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. WALDEN) is recognized for 5 minutes.

(Mr. WALDEN of Oregon addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. TIM MURPHY) is recognized for 5 minutes.

(Mr. TIM MURPHY of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 5515

Mr. GOODE. Mr. Speaker, I ask unanimous consent to withdraw my name as a cosponsor of H.R. 5515.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

UNIVERSAL HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 60 minutes as the designee of the majority leader.

Mr. LANGEVIN. Mr. Speaker, tonight I am honored to be able to speak this evening about the issue of universal health care, one of the biggest domestic challenges that is facing our country at the present time. I am also pleased to be joined this evening and who will be speaking in just a few minutes, by the gentleman from Connecticut (Mr. SHAYS) on the issue of universal health care.

Mr. Speaker, again I am very pleased to have this time to speak on a topic that remains of paramount concern to individuals and families across the country, and that is again the issue of health care in America.

Health care costs, Mr. Speaker, are rising in the United States at an alarming, alarming rate. Yet despite the fact that we spend more per capita on health care than any other industrialized country, we produce very disappointing outcomes by a number of important measures. One major attributable factor is the high level of uninsured in America.

Furthermore, the U.S. remains the only developed nation that does not guarantee health coverage as a right to all of its citizens. Today, there are nearly 47 million Americans who lack health insurance coverage, leaving one in six without access to proper medical care. What makes these figures more shocking is that over 80 percent of the uninsured come from working families. As the cost of health care continues to rise, it is clearly burdening our families and placing American employers at more and more of a competitive disadvantage. Therefore, I believe it is our duty as policymakers to offer a new vision and new solutions to fix our ailing health care system.

Providing quality, affordable health care to every American has been a long-time priority of mine. And it is in this spirit of furthering the national dialogue on this important issue that my colleague from Connecticut, Congressman CHRIS SHAYS and I have worked together to introduce H.R. 5348, the American Health Benefits Program Act of 2008.

This bipartisan universal health care proposal is based on a tried-and-true program that has stood the test of time, and that is the Federal Employees Health Benefits Program or FEHBP as it is called. Currently over 8 million Federal employees, retirees and their dependents receive health insurance coverage under FEHBP. This includes Members of Congress.

This program uses a system of managed competition between private insurance carriers and provides enrollees with a large menu of coverage options. Its use of bulk purchasing power helps contain costs and brings stability to the system. In 2007, this resulted in an average premium increase of just 1.8 percent compared to the private market average of 6.1 percent. And by the way, I have yet to come across an employer, at least in my home district, or anywhere in the country, for that matter, who has only realized a 6.1 percent increase in their health care costs. Generally it is in the double digits and sometimes you can be talking about 20 or 30 percent or more increases to a given health care plan in any given year. Our proposal basically would use that successful model to provide similar benefits to all Americans, establishing the first ever American health benefits program or AHBP.

Now the development of AHBP will be guided by eight fundamental principles, and they are on this chart to my right: choice, shared responsibility, affordability, portability, continuity, preventive care, and health care reinvestment. I believe these are the types of principles that we have to have in any type of system and they are certainly the core tenets of our universal health care proposal.

Now under AHBP, employers who wish to continue negotiating with private insurance carriers may do so as long as the coverage they offer meets a basic standard set by AHBP. However, employer-sponsored coverage is proving to be more and more cost-prohibitive for businesses as health care costs continue to outpace inflation and insurance options drastically fluctuate from plan to plan. That's why AHBP allows companies to choose to pay a fixed predictable payroll tax according to their size and average employee earnings.

We have a chart here which says that depending on the average number of employees that a company has, as well as according to their average salary, they would pay a certain percentage of their payroll tax. For example, on the very lower end where you have the small businesses that have the lowest average earnings, that company would only pay a maximum of 4 percent of payroll.

On the higher end, you would have the companies that at the very highest end would pay no more than 10 percent of payroll. There would be a certain cap on the average earning itself.

So my point is that there is a range of options here. There is a range of plans to choose from, but this is also an affordable way for employees to have health care coverage.

Basically we are separating out the coverage from the workplace itself. We need to get away from the issue of just employer-sponsored coverage. I think it is the best way to go, and it is a sensible proposal.

For many businesses this may cost less than they currently spend on premium contributions and health care and health plan administration. Payroll tax revenue under the system we are proposing will basically create a funding stream to allow for a fixed government contribution of 72 percent toward health care premiums of every participating American.

Individuals in AHBP will have the responsibility to pay for the remaining share of their premiums, to the extent that they can afford it, again with the lowest income earners receiving subsidies to ensure affordability.

This new program is not a single-payer system. It is not one size fits all, and it does not reinvent the wheel. Medicare, Medicaid and veteran services and other public programs that are tailored to specific populations will remain intact. Additionally, no one will be denied coverage or discriminated against based on their health status or preexisting condition. That is a very important tenet of this proposal.

AHBP will use basically an expanded system of managed competition to ensure that private insurance carriers compete for enrollees on the basis of benefits as well as efficiency, service and price. It will offer portable and continuous coverage and incentivize investment in disease preventive and